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Consumer Protection Division
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**CHARITABLE ORGANIZATION FINANCIAL INFORMATION
DISCLOSURE FORM**

**NOTE: THIS FORM MUST BE COMPLETED FOR EACH CHARITABLE
ORGANIZATION THAT RECEIVES FUNDS SOLICITED IN OR FROM IOWA**

Instructions. To help us handle your registration:

1. Please download/print this form.
2. Please type or carefully print your responses. Answer all questions fully and correctly.
- 3. Return this form(s) with copies of contract(s), if applicable and the Professional Commercial Fund-raiser Registration Form to the Consumer Protection Division (address above).**

PLEASE NOTE IMPORTANT OPEN RECORDS INFORMATION TOWARDS THE END OF THIS FORM.

1. Name of Professional Fund-Raiser: _____
2. Identify the charitable organization for which you will be soliciting money within the State of Iowa during this registration period. (If more than one charitable organization, file a separate Financial Information Disclosure form for each.)
 - A. Name: _____
 - B. Address and telephone number of the charitable organization:

 - C. Name, title, address and telephone number of the contact person(s) for the charitable organization:

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3. Beginning and ending solicitation dates _____ through _____.
4. Is the contract between the professional fund-raiser and the charitable organization on file with the office of the Iowa Attorney General?
- Yes No If no, attach a copy of the contract to this form.
5. Soliciting will be conducted by (Check one or more that apply):
- Telephone Door-to-door Electronic Media (TV, radio) Direct Mail
Print media (magazines, newspapers) Other
6. If persons will be contacted by telephone and mail, how will the initial contact be made?
Telephone Mail
7. If soliciting will be conducted by telephone, provide the following regarding the location from which calls will be made. (If more than two locations, continue on a separate sheet):

Room 1

- a. Address of telephone room (Include street, city and state): _____

- b. All telephone number(s) from which solicitations are made: _____

- c. Name(s) of manager(s) and/or supervisor(s) of the room: _____

Room 2

- a. Address of telephone room (Include street, city and state): _____

- b. All telephone number(s) from which solicitations are made: _____

- c. Name(s) of manager(s) and/or supervisor(s) of the room: _____

8. Will the solicitation campaign involve the sale of goods or services? Yes No

If yes, check one or more of the following that apply:

Tickets to an event Advertising space in a program book, journal, or other

Other (describe)_____

9. Will the professional fund-raiser collect donated funds directly from the donor(s) in person?

Yes No

If "No," describe how the funds will be collected._____

10. If contributions will be made by mail, identify all addresses to which the mail will be sent. If any of the addresses are different than the addresses listed in response to question 2B, please state: (1) whether the address is that of a post office box, commercial mail service, bank of the professional fund-raiser or the address of a charitable organization; (2) the

identity of the individual or entity responsible for collecting mail containing contributions.

11. State which of the following has the authority to withdraw the funds from any banking account (check all that apply):

Professional fund-raiser Charitable Organization Both or either
Neither (please explain)

12. State whether contributions to the charitable organization are tax deductible:

Yes No

13. On an attached sheet, describe the charitable program for which the solicitation campaign is being carried out.

FINANCIAL INFORMATION

State the following information and indicate the applicable time period and dates (either the last completed fiscal year or the previous twelve months):

- a. Total amount of money collected by the professional commercial fund-raiser in any manner on behalf of the charitable organization:

- b. Itemize the source(s), and dollar amounts per source, of all funds collected on behalf of the charitable organization: (contributions or donations; payments for tickets to events, government grants, private charities, foundations, etc.):

- c. Itemize how the professional commercial fund-raiser expended the funds:

(1) Total given to charitable organization _____

(2) Total not given to charitable organization but expended on behalf of the charitable organization: Itemize by dollar amount based on the following and any other applicable categories: salaries/commissions/compensation; rent/mortgage; transportation; professional services (attorneys, accountants, etc.); advertising/promotion, etc.:

(3) State the total dollar amount billed to the charitable organization by the professional commercial fund-raiser and itemize each such billing by purpose and amount:

Note: All information and documentation provided as part of this registration, including this form are public records and all or some may be open to public inspection pursuant to the Iowa public records law, Iowa Code chapter 22, and the Iowa Attorney General's Administrative Rules relating to public records, 61 IAC chapter 2.

Note: Any changes or additions to the information provided in this notice must be reported immediately.

SIGNATURE:

State of _____)
County of _____) ss.

I, _____, being first duly sworn on oath, depose and state that I am a managing agent of the professional fund-raiser; that I have read the contents of this Charitable Organization Financial Disclosure Form; that I know the contents thereof; and that each statement made and each answer given is true to my own knowledge.

Subscribed and sworn to before me on _____.

Notary Public

